Under the Paperwork Re	duction Act of 1995,	no person are req	ured to r	espond to a collection	of informa	tion unless it display	s a valid OME	control number	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known					
				rippinoadon riambe.		10/043,231-Conf. #6198			
						January 14, 2002			
For FY 2007						Takeyoshi ITO			
101112007				Examiner Name		T. V. Ho			
Applicant claims small entity status. See 37 CFR 1 27				Art Unit	2622				
TOTAL AMOUNT OF PAYMENT (\$) 120.00				Attorney Docket No. 0879-0370P					
METHOD OF PAYMI	ENT (check all t	nat apply)							
Check Credi	t Card	Ioney Order	Nor	e Other (	please ider	ntify):			
x Deposit Account Deposit Account Number 02-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION		and 1.17							
1. BASIC FILING, SEAF		INATION FEE	<u>s</u>						
FILING FEES SEARCH FE					EXAMI	NATION FEES	3		
Application Type	Small Entity  Application Type Fee (\$) Fee (\$)		Fee (\$	(\$) Fee (\$) Fee (		Small Entity Fee (\$) Fees Paid (\$)		Pald (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEE	s							Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)						50	25		
Each independent claim over 3 (including Reissues)						200	100		
Multiple dependent claims							360	180	
Total Claims Extra Claims Fee (\$) Fee		Fee F	Paid (\$)		tiple Dependent Claims				
- = x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims peed for, if greater than 20								<u>\$)</u>	
-			Eoo E	Paid (\$)	_			_	
Indep. Claims Ex	tra Claims F	ee (\$)	1001	aiu (v)					
HP = highest number of inde	pendent claims paid	for, if greater than	3						
3. APPLICATION SIZE									
If the specification and listings under 37 CI	R 1 52(e)), the	application size	e fee du	e is \$250 (\$125 f	onically f or small	filed sequence of entity) for each a	computer additional 5	0	
sheets or fraction th						of Fee (\$)	Foo	Paid (\$)	
Total Sheets - 100 =	Extra Sheets	/50 =	f each a	dditional 50 or frac (round up to a who				raiu (a)	
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00									
SUBMITTED BY									
Signature	1' 4'	. 6-22	18817	Registration No. (Attorney/Agent)	39,491	Telephone	(703) 20	5-8000	
								5, 2007	